

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155162		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/28/2012	
NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 600 WASHINGTON AVE WABASH, IN 46992			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 24 ,25, 26, 27 and 28, 2012</p> <p>Facility number: 000081 Provider number: 155162 AIM number: 100289570</p> <p>Survey team: Linn Mackey, RN-TC Shelly Reed, RN Julia Call, RN Virginia Terveer, RN</p> <p>Census bed type: SNF/NF: 60</p> <p>Census payor: Medicare: 9 Medicaid: 40 Other: 11 Total: 60</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on October 1, 2012 by Bev Faulkner, RN</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/16/2012

FORM APPROVED

OMB NO. 0938-0391

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F0356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on interview and record review, the facility failed to ensure the staff posting was in a readable and understandable format which would potentially affect 60 of 60 residents residing in the facility.</p>	F0356	<p>F356 Posted Nurse Staffing Information</p> <p>It is the practice of this provider to</p>		10/12/2012		

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	<p>Findings include:</p> <p>A review on 9-28-12 at 11:30 a.m., of the Autumn Ridge Daily Staffing Report (facility staff posting), from 9-17-12 through 9-28-12, provided by receptionist on 9-27-12 at 10:00 a.m., indicated the total number of RNs (Registered Nurses), LPNs (Licensed Practical Nurses) and CNAs (Certified Nursing Assistants) listed the total hours scheduled for each discipline. The facility's daily staff posting did not indicate the number of nursing staff working the scheduled hours.</p> <p>An interview on 9-28-12 at 12:05 p.m., with Resident # 2, Resident #14, and Resident # 17 in the dining room, indicated they could not determine how many RNs, LPNs and CNAs were working each shift when they looked at the Autumn Ridge Daily Staffing Report that was posted.</p> <p>An interview on 9-28-2012 at 12:10 p.m., with CNA #1 indicated she could not easily determine how many staff was working when she looked at the daily staff report posting.</p> <p>An interview on 9-28-2012 at 12:15 p.m., with the DON (Director of Nursing) indicated she was not able</p>		<p>ensure the posting of the following information, facility name, the current date, the total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · No residents were identified to be affected by the alleged deficient practice How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken · Residents residing in the facility have the potential to be affected by the alleged deficient practice · In-service will be conducted for staff on the facility policy and procedure for required staff posting by the DNS or designee by October 12th, 2012 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur · In-service will be conducted for staff on the facility required staff posting by the DNS or designee by October 12th, 2012 · The Executive Director or designee is responsible to ensure follow up and compliance with the required posting. How the</p>				

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	<p>to quickly determine how many CNA's were working from the listed 37.5 hours scheduled on the daily staffing report for both the day and evening shifts. The DON indicated she should have also written the number of RNs, LPNs and CNAs who were working on each shift.</p> <p>An interview on 9-28-12 at 1:25 p.m., the DON indicated she could not find the facility policy for daily staff posting.</p> <p>3.1-13(a)</p>				<p>corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <ul style="list-style-type: none"> · A "staffing audit tool" will be put into place weekly x 2 weeks and then quarterly thereafter to assure compliance is met · The CQI team will review the data collected. If threshold is not achieved, an action plan will be developed, to ensure compliance <p>Compliance date: October 12th, 2012</p>		